Name				SERVICE SERVICE					7 J	
Team Name_										-
Email			12 - C-12 19 - C							
Phone										esar ĝ
Please make checks payable to Special Olympics Arkansas For more information contact: Travis Chisom at 870-489-3881 Or at travischisom@cablelynx.com Additional contribution sheet available to print on our website at www.specialolympicsarkansas.org under the Polar Plunge tab										NAME
cial Olympics Arkansas ris Chisom at 870-489-3881 Ible to print on our website at under the Polar Plunge tab									8	EMAIL ADDRESS
Subtotal \$ Firstgiving \$ Matching Gift \$ Total \$	\$	ş	19		- 40	10	Ş	ş	\$	
5. 5. 5. 5.	•	,	J ,	,	,	J.	J.	J.	J.	PLEDGE

CONTRIBUTION FORM

SPECIAL AWARDS

Awards will be presented to the **INDIVIDUAL** and **TEAM** with the best costumes.

Awards will be presented to the **INDIVIDUAL** and **TEAM** who raised the most money.

\$50 Minimum Donation Per Plunger

- Allows you to plunge
- Official Plunge T-shirt

\$250 Collected Donations

- Official Plunge T-shirt
- Plunge Towel

\$500 Collected Donations

- Official Plunge T-shirt
- Plunge Towel
- High Def. 3.0 Wireless Bluetooth Speaker

\$1000 + Collected Donations

- Official Plunge T-shirt
- Plunge Towel
- High Def. 3.0 Wireless Bluetooth Speaker
- Packable Waterproof Jacket (available in 7 different colors)

FUNDRAISING MADE SIMPLE! Firstgiving.com/SOAR

- Set up an online fundraising page and tell your social network
- Ask your network to donate online through your Firstgiving webpage.
- Print and bring a copy of your donation page.

SEE CO

"Too Chicken to plunge?"

No problem...we want you to be a part of the fun too
Our official "I Chickened Out" long sleeve t-shirt will be on sale for a \$25 donation to Special Olympics Arkansas

REGISTRATION

Last Name					
First Name_					
Address					
City					
State	_ Zip	Age			
Gender	Male _	Female			
Phone					
Email					
I will be plu	nging as:				
Individual					
Team					

WAIVER & RELEASE

I hereby waive all claims against Special Olympics Arkansas, sponsors, or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Plunger Signature	Date
(Parent signature	if under 18)

"The vision of Special Olympics Arkansas is to transform communities by changing lives through sports"



^{**}A waiver must be signed by all plungers or a parent/ guardian for those under 18 years of age